

**West Virginia Medicaid Reimbursement Rates
For Covered Ambulance Services**

Air Ambulance-Rotary Wing				
Code	Item	Description	Fee: 10/1/02-12/31/18	Fee: 1/1/19-3/31/19
A0431	Base rate	All inclusive	\$940.00	\$2,469.15
A0436	Mileage	Distance patient transported	\$25.00 per mile	\$17.32 per mile
A0021	Ground transport	Out of State	Up to \$350.00 per occurrence	Up to \$350.00 per occurrence

Air Ambulance - Fixed Wing				
Code	Item	Description	Fee: 10/1/02-12/31/18	Fee: 1/1/19-3/31/19
A0430	Base rate	All inclusive	\$972.00	\$2,123.73
A0435	Mileage	Distance patient transported	\$9.00 per mile	\$6.49 per mile
A0021	Ground transport	Out of State	Up to \$350.00 per occurrence	Up to \$350.00 per occurrence

Ground Ambulance - Basic Life Support Emergency				
Code	Item	Description	Fee: 10/1/02-12/31/18	Fee: 1/1/19-3/31/19
A0429	Base rate	BLS, emergency transport	\$112.50	\$299.97
A0422	Oxygen	Unit rate	\$25.00 per unit up to a \$100.00 maximum	\$25.00 per unit up to a \$100.00 maximum
A0425	Mileage	Distance patient transported	\$3.80 per mile	\$6.71 per mile

Advanced Life Support				
Code	Item	Description	Fee: 10/1/02-12/31/18	Fee: 1/1/19-3/31/19
A0426	Base Rate	ALS, non-emergency transport	\$377.50	\$224.97
A0427	Base Rate	ALS, emergency transport (level 1)	\$377.50	\$356.21
A0433	Base Rate	ALS, emergency transport (level 2)	\$377.50	\$515.57
A0425	Mileage	Distance patient transported	\$3.80 per mile	\$6.71 per mile

Basic Life Support Non-emergency				
Code	Item	Description	Fee: 10/1/02-12/31/18	Fee: 1/1/19-3/31/19
A0428	Base rate	All inclusive	\$90.00	\$187.48
A0425	Mileage	Distance patient transported	\$3.80 per mile	\$6.71 per mile

Paramedic Intercept				
Code	Item	Description	Fee: 10/1/02-12/31/18	Fee: 1/1/19-3/31/19
S0207	Base rate	Hospital based EMS agency	\$265.50	\$265.50
S0208	Mileage	Non-hospital based EMS agency	\$265.50	\$265.50

Specialized Multi-Patient Medical Transport (SMPMT)				
Code	Item	Description	Fee: 10/1/02-12/31/18	Fee: 1/1/19-3/31/19
A0120	Base rate	Transportation to and/or from therapeutic or diagnostic medical service that is covered by Medicaid.	\$9.00	\$9.00
S0215	Mileage	Mileage exceeding 15 miles	\$0.66 per each mile over 15	\$0.66 per each mile over 15

Below is a list of the modifiers that are affixed to the procedure codes to indicate a trip's origin or destination. The appropriate code modifier must be entered in the proper space on the CMS-1500 claim form.

- D Diagnostic or therapeutic site
- E Residential, domiciliary, custodial facility
- H Hospital
- N Skilled Nursing Facility
- P Physician's Office
- R Residence
- S Scene of an Accident or Acute Event

The preceding codes are combined to report a trip's origin and destination of a member's trip. For Example:

- EH From an extended care facility to a hospital
- EP From an extended care facility to a physician's office
- HE From a hospital to an extended care facility
- HR From a hospital to patient's residence
- PH From a physician's office to a hospital
- RH From a patient's residence to a hospital
- SH From the scene of an accident to a hospital
- RPPR Van round trip from a member's residence to a physician's office and back to the member's residence